FIELD FEDERAL SAFETY AND HEALTH COUNCIL REGISTRATION INFORMATION AND QUESTIONNAIRE

© PLEASE WRITE NEATLY AND LEGIBLY ©

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. THIS INFORMATION WILL BE USED TO DEVELOP A "COUNCIL DIRECTORY".					
NAME (LAST/FIRST/MI):		☐ E-MAIL ADDRESS:			
NAME OF AGENCY / ORGANIZATION / BUSINESS:		CATEGORY OF AGENCY / ORGANIZATION / BUSINESS:			
	FEDERA				
CITY:	STATE: ZIP CODE + 4:				
	NUMBER OF YEARS EXPERIENCE IN YOUR FIELD?				
ADDITIONAL INFORMATION					
	NON-FEDERAL EMPLOYEES (Associate)				
S. HI	YOUR PRIMARY FUNCTIONAL AREA(S)? SAFETY (FULL TIME) HEALTH (FULL TIME) FIRE PROTECTION (FULL TIME) ENVIRONMENTAL (FULL TIME) COLLATERAL DUTY REPRESENTATIVE OF LOCAL LABOR ORGANIZATION OR OTHER EMPLOYEE ORGANIZATION AGENCY HEAD OTHER PROFESSIONAL				
	WOULD YOU BE INTERESTED IN ONE OR MORE OF THE FOLLOWING? SERVING AS A LEADER/MEMBER OF A SPECIAL COMMITTEE OR PROJECT (AS DETERMINED BY THE CHAIRPERSON). HOSTING A FUTURE COUNCIL MEETING. CONDUCTING A BRIEFING AND/OR TRAINING IN MY AREA OF EXPERTISE OR SHARING OF MY EXPERIENCES AND/OR INFORMATION AT A FUTURE COUNCIL MEETING.				
	CITY: YOUF YOUF GREEN ACC OT NG? WOU SEE HICK HICK EN HICK H	CATEGORY FEDERAL CITY: FAX #: FAX #: FAX #: FAX #: AL INFORMATION NON-FE YOUR PRIMARY FU SAFETY (FULL TIME) HEALTH (FULL TIME) FIRE PROTECTION (I) ENVIRONMENTAL (F) COLLATERAL DUTY REPRESENTATIVE OF EMPLOYEE ORGAN AGENCY HEAD OTHER PROFESSION NG? WOULD YOU BE INTERED TO SHOW THE PROFESSION NG? SERVING AS A LEAD PROJECT (AS DETIL) HOSTING A FUTURE CONDUCTING A BRI EXPERTISE OR SHOW CONDUCTION OF COND	CATEGORY OF AGEN FEDERAL CITY: FAX #: NUMBEI FIELD? AL INFORMATION NON-FEDERAL YOUR PRIMARY FUNCTIONA SAFETY (FULL TIME) HEALTH (FULL TIME) FIRE PROTECTION (FULL TIME) COLLATERAL DUTY REPRESENTATIVE OF LOCAL LAI EMPLOYEE ORGANIZATION AGENCY HEAD OTHER PROFESSIONAL NG? WOULD YOU BE INTERESTE SERVING AS A LEADER/MEMBER PROJECT (AS DETERMINED BY HOSTING A FUTURE COUNCIL M EXPERTISE OR SHARING OF M' CONDUCTING A BRIEFING AND/CEXPERTISE OR SHARING OF M'	CATEGORY OF AGENCY / ORGANI FEDERAL N CITY: STATE: NUMBER OF YEARS I FIELD? AL INFORMATION NON-FEDERAL EMPLOY YOUR PRIMARY FUNCTIONAL AREA(S)? SAFETY (FULL TIME) HEALTH (FULL TIME) FIRE PROTECTION (FULL TIME) SITE PROTECTION (FULL TIME) PREPRESENTATIVE OF LOCAL LABOR ORGANIZATI EMPLOYEE ORGANIZATION AGENCY HEAD OTHER PROFESSIONAL NG? WOULD YOU BE INTERESTED IN ONE OR SERVING AS A LEADER/MEMBER OF A SPECIAL CO PROJECT (AS DETERMINED BY THE CHAIRPERS HOSTING A FUTURE COUNCIL MEETING. CONDUCTING A BRIEFING AND/OR TRAINING IN MEXPERTISE OR SHARING OF MY EXPERIENCES A	

Your council is always looking to expand its membership. Do you know any safety, fire protection, health, or environmental professionals, collateral duty personnel, or personnel in related occupations/organizations that have not yet become a member or have not heard of the council? Let them know! Invite them to the next meeting! Remember – your council is only as strong and productive as its members are. Don't forget, this council is for everyone, including private companies/organizations.